



Senate Committee on Agriculture, Nutrition and Forestry Internship Program

INTERN SELECTION CRITERIA:

- Commitment to community service and leadership potential
- Academic progress or accomplishments
- Accomplishments in extracurricular activities
- Writing ability

INSTRUCTIONS TO APPLY:

Please complete all aspects of this application thoroughly and honestly. Providing the information requested is voluntary. However, failure to provide complete answers to all questions contained in the application may affect the review and consideration of your application.

Your Social Security number is needed to keep accurate records, due to the fact that people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Your application must include the following in order to be considered:

- Application
- Current resume
- Writing Sample
- Three Letters of Recommendation

All requested materials must be submitted together in a single, completed application with a staple or clip.

Please keep a photocopy of your completed application for your files. We will not be able to return any of the materials we receive.

Failure to meet any of the above mentioned requirements could result in a delay in the review or disqualification of your application.

Applications will be accepted on a rolling basis.

MAIL to: Senate Committee on Agriculture, Nutrition and Forestry
Attention: Intern Coordinator
328A Senate Russell Building
Washington, D.C. 20510

OR FAX to: 202.228.2125

ELIGIBILITY:

In order to be eligible to apply you must meet the following requirements:

- You must submit a completed application
- You must be a high school graduate who is presently attending or enrolled in college

BENEFITS:

Academic credit can be coordinated between the university and the student.

APPLICATION FOR INTERNSHIP PROGRAM

Note: Applications will be reviewed on a rolling basis.

Personal Information

Full Name: _____ Date: _____

Date of Birth: _____ Social Security # _____ - _____ - _____

Gender: _____ Place of Birth: _____
City State

U.S Citizenship: Yes _____ No _____

Current Address:	Permanent Address:
_____	_____
_____	_____
_____	_____
_____	_____

Current Phone: _____ Home Phone: _____

Are you a registered voter? _____ If yes, in what state and district: _____

Prior political experience:

How did you hear about this Internship Program? _____

Which Intern Session do you prefer? _____ Fall _____ Spring _____ Summer _____ Either

AVAILABILITY

Dates available for internship: _____
(for example: January 11 ó April 30)

of Hours Available per week: _____

As best you can, please list on what days and at what times you are available:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

ACADEMIC INFORMATION

Current College/University: _____

School's Address: _____

Select One: Undergraduate Masters/Professional Degree Doctorate Non-student

Expected Graduation Year: _____ Current GPA: _____

Major: _____

PRELIMINARY SECURITY QUESTIONS

1. Have any disciplinary or administrative actions (i.e. probation, suspension, expulsion) been taken against you or by your school or are any pending? Yes _____ No _____
2. Have you ever been charged with or convicted of any criminal offense, DWI or misdemeanor offense? Yes _____ No _____

If you checked yes to any of the questions mentioned above, please explain and include the dates of the actions on a separate page.